

FREEDOM OF CHOICE

For Initial Service Coordination/Case Management:

If my child is accepted into the IMPACT Plus Program, I understand that I have a choice of service coordinators/targeted case managers. I have reviewed the list of providers for service coordination/targeted case management and have had the opportunity to ask question of those providers if I so desired.

If my child is approved for Impact Plus services, I choose the following provider for service coordination/targeted case management: _____

I understand that the choice of providers is my responsibility and right as the parent/guardian. I further understand that I have the right to contact the providers prior to selection so that I may determine the best provider for my child.

Signature of parent/guardian _____
Date _____

***For Future Services as determined by the child specific team:**

*(This section will be completed after the child is accepted for Impact Plus services.)

My child's team and I have determined that the following service(s) is/are needed for my child. _____

I have reviewed the list of providers for the service(s) and choose the following provider(s) _____

I understand that the choice of providers is my responsibility and right as the parent/guardian. I further understand that I have the right to contact the providers prior to selection so that I may determine the best provider for my child.

Signature of parent/guardian _____
Date _____